

to place that preparation under the attention of the profession at large.—*London Medical Gazette, December, 1831.*

15. *M. Biett's Formule for the Preparation of Pills of Proto-Ioduret of Mercury.*

—M. BIETT employs the following pills in the treatment of syphilitic affections. 1st, R. proto-ioduret of mercury $\frac{3}{2}$ j; powder of marsh mallow $\frac{3}{2}$ j; M. Make into seventy-two pills. 2d, R. proto-ioduret of mercury $\frac{3}{2}$ j; thridacee $\frac{3}{2}$ ss; extract of guaiac $\frac{3}{2}$ j; M. Make into forty-eight pills. M. Biett commences with one pill a day for the first three days, and gradually increases the number to three or four a day, never more than one however at a dose. M. B. at the same time, generally orders an infusion of the saponaria, with a little of the syrup of gum and of capillaire.—*Gaz. Méd. Jan. 1832.*

PRACTICE OF MEDICINE.

16. *On Hemicrania.*—M. PIORRY, in a late work on pathology, diagnosis, &c. has devoted some pages to the consideration of this subject. As we have not received the original work, we copy the following notice from the *Medico-Chirurgical Review* for January last. M. Piorry "observes that, under the term hemicrania, authors have arranged several different disorders. Chaussier and his followers have pronounced it a neuralgia of intermittent or continued character, and of greater or less intensity. The author agrees with this opinion; but observes, that hemicrania cannot always be considered as a facial neuralgia. It differs, he remarks, materially from the douleurcux, and also from the pains occasioned by carious teeth. If, indeed, says he, we understand by the word hemicrania, a pain seated on one side of the head, almost all neuralgia of this part must become under the designation, since few of them attack more than one side of the body, or pass the median line. But if, by hemicrania, we mean a specific affection, having its seat in or near one of the eyes—differing from all the other neuralgias—followed by sickness and generally relieved by vomiting—ceasing after a single paroxysm, not to return for a considerable time in general—then we must separate hemicrania from the other neuralgias with which it has hitherto been confounded, in order to study its symptoms, its signs, and its treatment. The author affirms that he has paid great attention to this disease—and thinks that investigation of it throws some light on the neuroses in general.

The complaint in question is conceived by the author to be a neurosis, or rather neuralgia of the iris, which, at first bounded to that membrane, or, more properly speaking, to its nerves, extends to a number of other nervous branches, and is characterized by disturbance of vision, succeeded by pain in the eye, or on the surface of the cranium, by sickness, and by vomiting. This ophthalmic neurosis is observable among people whose sight is weak, to whom strong light is disagreeable, and dark rooms pleasant—who study and write much—who lead a sedentary life—and among workmen who are much occupied with the inspection of minute bodies.

On the other hand, we rarely see this complaint in people who lead an active life in the open air—who are habitually exposed to a strong light—and who do not excrise the eyes much. It occurs chiefly, according to the experience of the author, under two opposite conditions of the stomach—a state of too much repletion, and too great abstinence. In people in these conditions a very slight exertion of the eyes will often bring on the ophthalmic neuralgia. A physician of the author's acquaintance generally experienced an attack of this complaint every time that he read a lecture on medicine. Whenever he left off lecturing, or at least the reading of his lectures, he ceased to have the hemicrania; and whenever he resumed the avocation, the disorder returned. It was remarked that these lectures were delivered on a full stomach directly after dinner.

The hour of attack, however, is not confined to any particular period—sometimes immediately after the application of the exciting cause, sometimes not till after several hours, but generally within the twenty-four hours. At the moment of invasion, the sight becomes less clear, and there appears a kind of black speck in the centre of the eye, which gradually enlarges and spreads to the other parts of the organ, still partially surrounded by the arc of a luminous circle, of different colours in different individuals. After a time, this dark centre and sparkling circle begin to grow less distinct, and at last break up and disappear, with return of vision. These phenomena rarely take place, except in one eye. Thus far there is no pain experienced; but only a kind of stupor, with some derangement of vision and heaviness of head. But after a longer or shorter interval, some darting pains are felt in the eye and temple, and the least pressure on the ball of the eye causes much suffering. The patient complains that the globe of the eye feels too full, attended with pulsation of a dolorous kind. These sensations are not uniformly pungent, but remit and exasperate, like colic or spasmodic pains in other parts. The duration of these attacks varies from some hours to two or three days.

Meantime the senses of hearing, tasting, and smelling are more or less deranged with that of sight. The eyelids become red and tumefied—the access of light is insufferable—the least noise offends the ear—and the taste for food is quite perverted. The sensorial functions are undisturbed; except that there is a greater tendency to sleep than usual.

Such are the phenomena of cases the most simple; but very frequently the stomach participates in the complaints of the eye. Soon after the ophthalmic symptoms commence, eructations from the stomach take place, followed by some nausea, and even by vomiting of the food lately taken, or, if empty, of glairy mucus. In severe cases the stomach is not the only organ which sympathizes with the eye. Often one side of the tongue or of the face; or one of the upper or lower extremities experience a kind of painful tremor or vibration, like that which is felt after striking the cubital nerve, at the elbow, against some hard body. In general, the heart, lungs, and intestinal canal remain free from any morbid affection. A restorative sleep usually terminates the paroxysm, after several hours, or two or three days' duration. A heaviness of the head is felt for a day or two after the cessation of the hemicrania. The recurrence of the malady is uncertain; and generally only when the exciting causes are strongly applied. Our author knows a female who has six months' interval between the attacks, provided she does not read within two hours after taking food. If she uses not this precaution, she is sure of an attack immediately after her transgression. In certain individuals the attack is periodical, returning every eight days, every month, or every two or three months, with considerable regularity. In others, there is no fixed period for relapse.

The prognosis in this curious complaint, is generally favourable, as far as life is concerned; but if the complaint proves rebellious, it renders life miserable. When it fails to be cured, the paroxysms return at shorter and shorter intervals, till life becomes one scene of suffering. Our author has not been able to find any information respecting the pathological anatomy of hemicrania; but suspects that the scalpel will not reveal any lesion of structure in the brain or membranes to account for the phenomena. This neuralgia, he imagines, is too fugitive, subject to too many remissions or intermissions, to leave organic traces that might be detected by the eye. He justly observes that the dissecting room is not the only place where we may study pathology. The sick room will often afford us much useful information in this respect. An examination of the eye, during the attack of hemicrania, shows the pupil strongly contracted, and consequently the iris put upon the stretch, with redness of both palpebrae. From these phenomena M. Pierry concludes that, in hemicrania, an exciting cause acts on the retina and iris—the nervous action is modified—a kind of struggle takes place, evinced by oscillations and vibrations, with the luminous circle, dark spots, &c. before alluded to. In time, the fifth pair of nerves participate

in the morbid action, and ultimately other organs and parts with which the fifth pair communicate.

Treatment.—Our author considers himself as very successful in the treatment of this painful malady. His first indications are to arrest the development of the series of symptoms constituting hemicrania—and to mitigate its accessions, (calmer ses accès.) It is at the moment of its commencement that the course of the malady is most easily checked. At this period all causes of excitement in the optic nerves and tissues should be removed. The patient is to be completely excluded from light and noise. This abduction of all stimulus will sometimes induce early sleep, and check the paroxysm. It is at this early period that the application of belladonna has occasionally succeeded in preventing the pain. The author and his colleague, M. Troussseau, cause the remedy to be rubbed on the temples, with the greatest success. M. Piorry dilutes the belladonna with a little water so as to form a kind of syrup, which is rubbed on the palpebrae as well as on the temples. The author uses only a very small quantity of the remedy, from one to three or four grains. He avers that he hardly ever fails to check the paroxysm by this means. It is to be borne in mind that, on the succeeding day, after the application of the belladonna, the pupils will be greatly dilated, and vision disturbed. But this effect and inconvenience are only temporary. The author has not employed belladonna internally. He has used opium, but with very indifferent effects. M. Piorry observes that the march of hemicrania may often be arrested by raising excitement in the stomach, by means of stimulants, as wine, spiced, food, &c. A very smart stimulation to the feet will sometimes have the same effect. In case of failure, each symptom can only be combated by the most probable means. Quietude and darkness—cold applied to the eye affected—vomiting by means of large ingurgitation of warm water, will mitigate the pain, and somewhat curtail the paroxysm.

The prevention of a return then becomes the great indication. The causes already enumerated, are to be avoided, and especially all exercise of the eye in reading during the operation of digestion. After this process is finished in the stomach, the patient need not fear to engage in study or other exercise. Exposure to a strong light, however, and sudden transition from a dark to an illuminated room are dangerous. Sometimes a local plethora predisposes to hemicrania, then abstraction of blood is proper. On the other hand, where the patient leads a sedentary life, and is debilitated, we ought to prescribe nourishing food, which is the best of all tonics. Great attention to the bowels is necessary, since constipation often renews the attack. It is remarkable that the author appears to have had but little experience of the efficacy of quinine in this complaint—and of arsenic he makes no mention at all. Yet these are the most potent of all remedies in the disease under consideration. We have met with the complaint very often—indeed, it is by no means unfrequent in this metropolis, among artists and others who lead a sedentary life, using the eye much, and the muscles of the body little. In these people, we have first cleared the bowels, and then given a sudorific at bed-time, with a good dose of ecolchicum and Batley's liquor opii sedativus. After this the quinine, arsenic, or both united, have seldom failed to put a sudden stop to the complaint. Quinine in small doses, for some weeks afterwards, is necessary to prevent relapses.

17. *Treatment of Chronic Rheumatism.*—Dr. A. T. Thomson states, that in long, protracted cases of chronic rheumatism, when the pains are confined to particular joints, he has seen much benefit derived from a plan imitative of the Douche baths, at Aix-les-Bains. "On reading an account of these baths," he says "which are of a temperature from 116° to 142° Fah. I was induced to form an opinion that the principle of their action was percussion in conjunction with a high temperature. The Douching apartments, which are caves of the rock, have the hot water conducted into them through channels, that terminate in tin tubes of about two inches in diameter. A large stream of water falling from a considerable height is thus directed upon the affected part, whilst the

patient is immersed in an atmosphere of warm vapor. The sensation experienced resembles that of a severe eudgelling; but this is followed by decided relief, and the repetition of the douching, at intervals of two or three days, generally produces a permanent cure. To imitate these baths, I set my patient in a chair, at the side of which is placed a bucket or large vessel capable of containing three or four gallons of boiling water, and envelope patient and all with a blanket pinned close round his neck. In a few minutes he is bathed in a copious perspiration, and in this state he is directed to apply percussion to the pained joints by means of an elastic ball, made of cork covered with kid leather, and fixed on a handle of cane or whalebone about a foot in length. I have seen the most decided benefit follow this practice; and one case, of seven years' standing, after the daily employment of this *dry douching*, if such an expression be allowable, my patient was beaten into excellent health, and threw aside a crutch, whieb he had for years been forced to use.—*Lond. Med. Gaz. Nov. 1831.*

18. *Nephritic Colic*.—Dr. DUBLA relates in the *Osservatoire Med.* for July, 1831, two cases of nephritic colic relieved by frictions over the regions of the kidneys and ureters, with an ointment composed of fifteen grains of extract of belladonna and half an ounce of lard. Dr. D. resorted between the frictions to the warm bath.

19. *Hysteria*.—Professor CHIAPPA states, that enemas of iced water immediately dissipate the symptoms whieb characterize the hysterical paroxysm.—*Annali Universali*, July, 1831.

20. *Hooping-Cough*.—Dr. BLAUD recommends the sulphuret of potash as a remedy for hooping-cough. He gives it in doses of ten grains, morning and evening, mixed with a little honey. In six cases of adults in which he administered that remedy, the spasmodic cough, he says, ceased after the second dose, and the catarrhal cough disappeared after a few days.—*Revue Médicale*, August, 1831.

21. *Cephalalgia cured by the External Application of Cyanuret of Potassium*.—M. AXDRAL has employed the cyanuret of potassium with complete success in a case of most intense cephalalgia, which had resisted for ten months the most powerful remedies, (bleeding and seton in the neck, blisters and sinipisms.) The salt was employed in solution in the proportion of from six to eight grains to the ounce of distilled water, and compresses wet with this solution were applied for eight days to the forehead and temples.—*Gaz. Méd. Jan. 1832.*

22. *Dropsy cured by Nitrous Oxide*.—In the *Annales de la Médecine Physiologique*, for August last, we find a letter from M. Van Roosbroeck, of Louvain, to M. Broussais, in whieb the former states, that having inhaled some nitrous oxide for the purpose of experiencing its effects, he was struck with the very active diuretic and sudorific action it induced, and he determined to try its effects in dropsy.

The first patient to whom M. Roosbroeck administered the remedy, was a man, in the hospital of Louvain, fifty-two years of age, who, for two years and a half, had suffered from ascites, which appeared to depend upon a disease of the heart, on account of the irregularity and intermittence of the pulse, and the obstructed respiration which had been present from the commencement of the disease. For two years all imaginable means had been tried to produce the absorption of the fluid effused in the abdomen. Finally, paracentesis was resorted to, but whieb, far from relieving the disease, seemed to augment its activity; for after each operation the fluid was more promptly produced, so that the seventh time, twenty-four hours after the operation, the abdomen was as tense, and fluctuation as manifest as before the operation. If paracentesis was longer delayed, the extremities and the face became speedily blue and in-

filtrated. The eighth time that his abdomen was evacuated, atmospheric air was injected into the cavity, but without any effect. Seeing that the disease had for two years resisted all remedies, M. Roosbroeck determined to inject into the peritoneal cavity some nitrous oxide gas, after the fluid should be evacuated. He first ascertained, by an experiment upon a rabbit, that the action of that gas upon the peritoneum was not injurious. September 17th, 1830, after entirely evacuating the fluid from the abdomen, the quantity of gas produced by the decomposition of two drachms of nitrate of ammonia, was collected in a bladder, and injected into the abdomen through the cannula of the trocar. During the night the patient was warm, and sweated much, which had not happened to him before for two years; and he had besides passed as much urine as he usually did in four days; but he complained of some pain in the abdomen. From that period the patient's abdomen did not increase in size; it became even smaller than the day after the operation; he experienced no pain in it; the patient's pulse, however, continued irregular.

M. R. has tried the remedy in two other cases, but without such marked benefit; copious perspiration and urination were, however, induced by it. M. Broussais has also employed it at M. R.'s suggestion, but in a very unpromising case; no injurious effects, however, resulted from the introduction of the gas into the peritoneal cavity. The remedy seems to be worth a further trial.

23. *Case of Anasarca cured by Leeches to the Anus.*—The following interesting case was communicated to Professor Broussais by M. Roosbroeck. A man was admitted into the hospital of Louvain with his inferior extremities, scrotum, prepuce, and the lower portion of the abdominal parietes infiltrated. On examination, it was found that all the functions were in a normal condition; no other morbid symptom was discovered except the infiltration; the patient complained of no pain, and said that he never had the slightest symptom of disease. The infiltration appeared suddenly, first commencing in the prepuce. Frictions with squills and digitalis, blood-letting, and diuretic drinks were tried without effect. M. Donkelaeer, who had the patient under his care, suspecting, on account of the patient having habitually taken spirituous liquors, a chronic irritation of the alimentary canal, the symptoms of which were more or less concealed, ordered fifteen leeches to the anus. The day after the infiltration had much diminished; the same number of leeches were again applied, and the following day the whole of the effusion had disappeared; and the patient entirely recovered.—*Annales de la Médecine Physiologique*, August, 1831.

24. *Lead Colic.*—M. GENDRIN has instituted a number of experiments at the Hôtel-Dieu, to determine the best treatment for the colic from lead. He states that he has found the alum of commerce never to fail in a single instance to cure the disease in from three to five days, however intense it might be, and he has never observed it to be productive of any ill effects. He gives the remedy in solution in the dose of from one to three drachms daily. He has cured by this means fifty-eight patients. M. G. further states that the sulphuric acid, in the dose of a drachm to a drachm and a half daily, mixed with three or four pints of water, is equally efficacious, and perhaps more prompt in its effects than the alum. Both these articles have also been employed on the first indications of an attack of the disease for the purpose of warding off the disease, and with success.—*Transactions Médicales*, January, 1832.

25. *New Convulsive Disease of Children.*—There is in the *Gazette Médicale*, for January last, an interesting memoir by Dr. TONNELLE on a convulsive disease of children which has been long observed by M. Jadelot, the physician to the Hôpital des Enfants at Paris, and which he thinks has not been noticed by writers. This affection is essentially characterized by a very powerful contraction of the extremities, the leg and foot, or the forearm and hand. The muscles of those parts are rigid and tense; they are often distinctly marked beneath

the skin, and also prominent. From this convulsive state of the muscles there results a remarkable rigidity of the wrists and fingers. The former are slightly bent on the forearm, and the second slightly bent on the carpus, separated one from another, and requiring force to bend or straighten them. The disease is sometimes limited to the superior extremities, but most frequently it equally affects the inferior ones. In these latter the same phenomena are then observed as in the former, except that the feet are forcibly stretched on the leg instead of being bent. This contraction persists for several hours, days, or sometimes even for several years; then it ceases, and after some time reappears, and this may happen several times. The muscles of the other parts of the body are unaffected, as are also the intellectual faculties; the functions of the system are well executed; the pulse is sometimes accelerated during the exasperation, but most frequently it is natural, so that at first this disease might be taken for a malformation.

This disease does not appear to depend upon any appreciable alteration of the nervous system, in which it resembles many other nervous affections, as chorea, epilepsy, and clonic convulsions. It attacks young infants, and children approaching the age of puberty. It particularly affects those who are nervous or irritable, and appears to be sympathetically produced by the presence of worms in the alimentary canal; by dentition, or by some other disease, principally a gastro-intestinal affection. Finally, it sometimes appears in young girls on the first appearance of menstruation. It may terminate fatally; most frequently the result is favourable.

The treatment adopted by M. Jadelet consists of the use of tepid baths, cold affusions, to which he adds different antispasmodics, as camphor, or valerian, frictions with ether, or tincture of digitalis; mild laxatives, and some other analogous means, and usually with success. Sometimes the disease yields to the occurrence, in some degree critical, of the menses, and even in mild cases to the efforts of nature.

Ten cases of this affection are related by M. Tonnelle.

26. *Nocturnal Emissions of Semen.*—Professor BANG, of Copenhagen, strongly recommends for the cure of this affection the muriated tincture of iron.

Dr. Cless states that he has employed the cubeb with advantage for the relief of that discharge.—*Nora Acta Regia Soc. Med. Havn.*

27. *Sulphur as a Preservative against Measles.*—Dr. TOURTEAU, a Dutch physician, states, that at a period when measles were epidemic, all the children who were under treatment with sulphur for itch escaped the disease; and that those who were taking sulphur for the cure of hooping-cough enjoyed the same immunity. Finally, he says that many children who were given a mixture of sulphur and camphor, and to whom these medicaments were applied by frictions, were not attacked with measles, whilst those who were not subjected to that medication were affected.—*Kleinert's Repertorium, and Gaz. Médicale, Jan. 1832.*

28. *Treatment of Intermittent Fevers by frictions with Quinine.*—Dr. SCHÄSTER, of Münsterberg, states in a recent German Journal, that he has employed with success in the treatment of intermittent fevers, frictions to the epigastrium with a solution of sulphate of quinine in Hoffman's anodyne liquor, six grains of the former with a drachm of the latter. The frictions are employed three times a day. He has also employed with success in periodical fevers, a combination of six grains of the sulphate of quinine, a grain of tartar emetic, and two grains of opium, dissolved in spirit of camphor; this solution is also applied by friction to the epigastrium three times a day.—*Gazette Médicale and Rust's Magazin.*

29. *Leucorrhœa.*—Dr. KOPP, in a late number of *Hecker's Annalen*, recommends the following mode of treatment of leucorrhœa, which he says he has frequently employed with advantage. A piece of sponge of proper size, to fill

completely the vagina, is to be dipped into the following solution and introduced into that canal at night before going to bed. R. Decoet. ratanhiae, 3 xij. extr. ratanhiae, 3 ss; tinct. eucalypti, 3 ss; tinct. kino 3 ss. M.

Dr. Cless, in the *Archiv. für Medizin Erfahrung*, states that he cures almost all the cases of leucorrhœa that occur in his hospital at Stuttgart with eubobs.—*Gaz. Méd. Jan. 1832.*

30. *Therapeutic effects of Croton Tiglum.*—M. ANDRAL having prescribed frictions with the oil of *croton tiglum* to the abdomen for the purpose of inducing evacuations from the bowels, perceived that the article produced active inflammation of the skin with a pustular eruption very similar to that of small-pox. Believing that advantage might be drawn from this in practice, M. A. applied the oil, in frictions, along the course of the sciatic nerve, in some cases of obstinate neuralgia and with complete success. From its powerful revulsion to the skin, he has found it to be productive of utility in laryngitis and chronic gastritis.—*Gazette Médicale, January, 1832.*

SURGERY.

31. *Tetanus.*—This is one of the most terrible complications of wounds. Its occurrence has been ascribed to various causes, none of them very satisfactory, and it is yet to be ascertained what are the causes which determine that disease. Dr. PAILLARD, in an interesting article in the *Journal Universel et Hebdomadaire*, for July last, after showing that the disease cannot with propriety be ascribed to the causes to which it is usually attributed, maintains the opinion that the exciting cause of the disease is almost always exposure of the wound or of the body to sudden reductions of temperature. M. Dupuytren, in a clinical lecture on a case of tetanus reported by Dr. P. dwelt strongly on the importance of that cause. M. Larrey entertains a similar opinion. In Egypt M. L. observed tetanus to follow frequently the slightest wounds; and the climate of that country, he says, is extremely variable; and he further remarks, that the disease was developed usually at seasons when the temperature is changeable; thus, it is more common in spring and autumn, than in summer or winter. In the campaign of Austria, in 1809, the wounded who were most exposed to the cold of the night in spring, after being subjected to the heat during the day, were almost all affected with tetanus. Four cases are related by Dr. P. in which the disease appears to have been excited by exposure to cold; in one of which only had the patient been wounded.

32. *Elephantiasis of the Scrotum.*—In September, 1820, Professor DELPECH successfully operated upon a patient affected with this disease in the surgical clinic of Montpellier. The serotum was immensely enlarged, weighing after ablation sixty pounds; the testicles and penis were sound, and were preserved. Some notes of this case were communicated by the operator to Dr. Townsend, and published in the *New York Medical and Physical Journal*, Vol. I. 1822; and a full account of the case appeared in the *Clinique de Montpellier, Tom. II.* In April, 1827, a similar and equally successful operation was performed by Dr. Wells, of Maracaybo, and an account of it was communicated to this Journal, and will be found in Vol. VII. p. 110.

Some attention has recently been attracted to this operation by the ill-success which has attended a recent attempt by Mr. Key to perform it on a poor Chinese, who visited London for the purpose of seeking relief from an immense elephantiasis of the scrotum and had excited considerable public sympathy. It was intended in this case to preserve the genital organs, but the depression of

* Not a Philadelphia Journal, as stated by Professor Delpech.